County: Pepi n PEPI N MANOR

| ILIIN WANOK | | | |
|---|-----|-----------------------------------|--------------|
| 1110 2ND STREET, P.O. BOX 218 | | | |
| PEPIN 54759 Phone: (715) 442-4811 | | Ownershi p: | Corporati on |
| Operated from 1/1 To 12/31 Days of Operation: | 365 | Highest Level License: | Skilled |
| Operate in Conjunction with Hospital? | No | Operate in Conjunction with CBRF? | No |
| Number of Beds Set Up and Staffed (12/31/01): | 50 | Title 18 (Medicare) Certified? | Yes |
| Total Licensed Bed Capacity (12/31/01): | 50 | Title 19 (Medicaid) Certified? | Yes |
| Number of Residents on 12/31/01: | 50 | Average Daily Census: | 48 |
| | | | |

| Services Provided to Non-Residents | - 1 | Age, Sex, and Primary Diagn | osis of | Residents (12/3 | 1/01) | Length of Stay (12/31/01) | % |
|------------------------------------|-------|-----------------------------|---------|-----------------|--------|---------------------------|----------|
| Home Health Care | No | Primary Diagnosis | % | Age Groups | % | Less Than 1 Year | 28. 0 |
| Supp. Home Care-Personal Care | No | | | | | 1 - 4 Years | 38. 0 |
| Supp. Home Care-Household Services | No | Developmental Disabilities | 0. 0 | Under 65 | 2.0 | More Than 4 Years | 34. 0 |
| Day Services | No | Mental Illness (Org./Psy) | 12. 0 | 65 - 74 | 10. 0 | | |
| Respite Care | Yes | Mental Illness (Other) | 12. 0 | 75 - 84 | 22. 0 | | 100. 0 |
| Adult Day Care | Yes | Alcohol & Other Drug Abuse | 2. 0 | 85 - 94 | 60. 0 | ********* | ****** |
| Adult Day Health Care | No | Para-, Quadra-, Hemi plegic | 0.0 | 95 & 0ver | 6. 0 | Full-Time Equivaler | nt |
| Congregate Meals | Yes | Cancer | 0. 0 | j | ĺ | Nursing Staff per 100 Re | si dents |
| Home Delivered Meals | No | Fractures | 8. 0 | | 100. 0 | (12/31/01) | |
| Other Meals | No | Cardi ovascul ar | 20.0 | 65 & 0ver | 98. 0 | | |
| Transportati on | No | Cerebrovascul ar | 14. 0 | ' | | RNs | 12. 7 |
| Referral Service | No | Di abetes | 0. 0 | Sex | % | LPNs | 4. 8 |
| Other Services | No | Respi ratory | 0.0 | | j | Nursing Assistants, | |
| Provi de Day Programming for | | Other Medical Conditions | 32. 0 | Male | 28.0 | Aides, & Orderlies | 34. 2 |
| Mentally Ill | No | | | Femal e | 72.0 | | |
| Provi de Day Programming for | i | | 100.0 | | j | | |
| Developmentally Disabled | No | | | | 100. 0 | | |
| ******************* | ***** | *********** | ***** | , ******* | ****** | ********* | ***** |

Method of Reimbursement

| | | ledicare litle 18 | | | edicaid itle 19 | | | 0ther | | | Pri vate Pay | ; | | amily Care | | | anaged Care | l | | |
|---------------------|------|----------------------|----------------------|-----|--------------------|----------------------|-----|-------|----------------------|-----|-----------------|----------------------|-----|---------------|----------------------|-----|----------------|----------------------|-------------------------|----------------|
| Level of Care | No. | % | Per Di em (\$) | No. | % | Per Di em (\$) | No. | % | Per Di em (\$) | No. | % | Per Di em (\$) | No. | % | Per Di em (\$) | No. | % | Per Di em (\$) | Total Resi- dents | % Of All |
| Int. Skilled Care | 0 | 0. 0 | 0 | 4 | 11. 1 | 139 | 0 | 0. 0 | 0 | 0 | 0. 0 | 0 | 0 | 0. 0 | 0 | 0 | 0. 0 | 0 | 4 | 8. 0 |
| Skilled Care | 3 | 100.0 | 232 | 31 | 86. 1 | 119 | 0 | 0.0 | 0 | 7 | 63. 6 | 108 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 41 | 82. 0 |
| Intermedi ate | | | | 1 | 2.8 | 98 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 1 | 2.0 |
| Limited Care | | | | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Personal Care | | | | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 2 | 18. 2 | 55 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 2 | 4.0 |
| Residential Care | | | | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 2 | 18. 2 | 45 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 2 | 4. 0 |
| Dev. Di sabl ed | | | | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Traumatic Brain Inj | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Ventilator-Depender | nt 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Total | 3 | 100.0 | | 36 | 100.0 | | 0 | 0.0 | | 11 | 100.0 | | 0 | 0.0 | | 0 | 0.0 | | 50 | 100. 0 |

PEPIN MANOR

| Admissions, Discharges, and Deaths During Reporting Period | ı | Percent Distribution | 1 or kesidents | Condi ti ons | s, Services, | and Activities as of 12/ | 31/01 |
|--|-------|----------------------|----------------|--------------|----------------|---------------------------|------------|
| beachs builing kepoliting relieve | | | | % Ne | edi ng | | Total |
| Percent Admissions from: | | Activities of | % | | ance of | % Totally | Number of |
| Private Home/No Home Health | 24. 2 | Daily Living (ADL) | Independent | | Two Staff | <i>J</i> | Resi dents |
| Private Home/With Home Health | 9. 1 | Bathi ng | 0. 0 | 6 | 2. 0 | 38. 0 | 50 |
| Other Nursing Homes | 9. 1 | Dressi ng | 40. 0 | 2 | 28. 0 | 32. 0 | 50 |
| Acute Care Hospitals | 54. 5 | Transferring | 44. 0 | 4 | 4. 0 | 12. 0 | 50 |
| Psych. HospMR/DD Facilities | 0.0 | Toilet Use | 44. 0 | 2 | 20. 0 | 36. 0 | 50 |
| Reĥabilitation Hospitals | 0.0 | Eating | 66. 0 | 2 | 24. 0 | 10. 0 | 50 |
| Other Locations | 3.0 | *************** | ****** | ******* | ********* | ********** | ****** |
| Total Number of Admissions | 33 | Conti nence | | % Sp | ecial Treatm | ents | % |
| Percent Discharges To: | | Indwelling Or Extern | nal Catheter | | | espi ratory Care | 2. 0 |
| Private Home/No Home Health | 17.6 | Occ/Freq. Incontinen | | | | racheostomy Care | 0.0 |
| Private Home/With Home Health | 20.6 | Occ/Freq. Incontinen | nt of Bowel | | Recei vi ng Su | | 0. 0 |
| Other Nursing Homes | 5. 9 | • | | | Receiving 0s | stomy Care | 0. 0 |
| Acute Care Hospitals | 8.8 | Mobility | | | Receiving Tu | | 0.0 |
| Psych. HospMR/DD Facilities | 0.0 | Physically Restraine | ed | 8. 0 | Receiving Me | echanically Altered Diets | 38. 0 |
| Reĥabilitation Hospitals | 0.0 | , | | | Ö | ŭ | |
| Other Locations | 0.0 | Skin Care | | 0t | her Resident | Characteri sti cs | |
| Deaths | 47. 1 | With Pressure Sores | | 4. 0 | Have Advance | Directives | 100. 0 |
| Total Number of Discharges | | With Rashes | | 2.0 Me | edi cati ons | | |
| (Including Deaths) | 34 | İ | | | | sychoactive Drugs | 60. 0 |

Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

************************************* Ownershi p: Bed Size: Li censure: 50-99 Skilled Al l Thi s Propri etary Facility Peer Group Peer Group Peer Group Facilities % Ratio Ratio Ratio Ratio Occupancy Rate: Average Daily Census/Licensed Beds 79.7 80.3 0.99 85. 1 0.94 84. 4 0.94 84. 6 0.94 Current Residents from In-County **58.** 0 72.7 0.80 72. 2 0.80 75. 4 0.77 77. 0 0.75 Admissions from In-County, Still Residing 15. 2 18. 3 0.83 20.8 0.73 22. 1 0.69 20.8 0.73 Admissions/Average Daily Census 68.8 139.0 0.49 111.7 0.62 118. 1 0.58 128. 9 0.53 Discharges/Average Daily Census 70.8 139.3 112. 2 0.63 130.0 0.54 0. 51 118.3 0.60 Discharges To Private Residence/Average Daily Census 27. 1 58. 4 0.46 42.8 0.63 46. 1 0.59 **52.8** 0.51 Residents Receiving Skilled Care 90.0 91. 2 0.99 91.3 0.99 91.6 0.98 85.3 1.06 Residents Aged 65 and Older 98.0 96.0 1.02 93.6 1.05 94. 2 87. 5 1.04 1. 12 Title 19 (Medicaid) Funded Residents 72.0 72. 1 67.0 1.07 69.7 68. 7 1.00 1.03 1.05 Private Pay Funded Residents 22.0 0.94 21.2 22.0 1.00 18. 5 1. 19 23. 5 1.04 0.0 1.0 0.9 0.00 0.8 7. 6 Developmentally Disabled Residents 0.00 0.00 0.00 Mentally Ill Residents 24.0 36. 3 0.66 41.0 0.59 39. 5 0.61 33. 8 0.71 General Medical Service Residents 32. 0 16.8 1.91 16. 1 1. 99 16. 2 1.97 19. 4 1.65 43.6 46.6 0.94 48. 7 0.90 48. 5 0.90 49.3 0.88 Impaired ADL (Mean) Psychological Problems 60.0 47.8 1. 26 50. 2 1. 20 50.0 1. 20 51. 9 1. 16 7.0 Nursing Care Required (Mean) 5.8 7. 1 0.80 7. 3 0. 79 0.82 7. 3 0. 78